

**FILED**

MAR 10 2020

At  
ROBERT N. TROVICH, Clerk  
U.S. DISTRICT COURT  
NORTHERN DISTRICT OF INDIANA**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF INDIANA**This form is for non-prisoners to file a civil complaint. NEATLY print in ink (or type) your answers.]Ms. Audrey Eugenia Triplet

[You are the PLAINTIFF, print your full name on this line.]

v.

[The DEFENDANT is who you are suing. Put ONE name on this line. List ALL defendants below, including this one.]

Case Number

2:20 CV 097[For a new case in this court, leave blank.  
The court will assign a case number.]

[The top of this page is the caption. Everything you file in this case must have the same caption. Once you know your case number, it is VERY IMPORTANT that you include it on everything you send to the court for this case. DO NOT send more than one copy of anything to the court.]

**CIVIL COMPLAINT**

#	Defendant's Name and Job Title	Address
1	[Put the defendant named in the caption in this box.] <u>Mr. Gordon E. Gouveia</u>	<u>433 W 84<sup>th</sup> Drive</u> <u>Merrillville, IN 46410-6247</u>
2	[Put the names of any other defendants in these boxes.] <u>Mr. Patrick W Young</u>	<u>4231 Broadway</u> <u>Gary, Indiana 46409</u>
3		

[If you are suing more defendants, attach an additional page. Number each defendant. Put the name, job title, and address of each defendant in a separate box as shown here.]

1. How many defendants are you suing? 22. What is your address? 2903 W. 84<sup>th</sup> Court  
Merrillville, Indiana 464103. What is your telephone number: (219) 738-2885

4. Have you ever sued anyone for these exact same claims?

☒ No.☐ Yes, attached is a copy of the final judgment OR an additional sheet listing the court, case number, file date, judgment date, and result of the previous case(s).

[DO NOT write in the margins or on the back of any pages. Attach additional pages if necessary.]

CLAIMS and FACTS

DO: Write a short and plain statement telling what each defendant did wrong.

DO: Use simple English words and sentences.

**DO NOT:** Quote from cases or statutes, use legal terms, or make legal arguments.

DO: Explain when, where, why, and how these events happened.

DO: Include every fact necessary to explain your case and describe your injuries or damages.

DO: Number any documents you attach and refer to them by number in your complaint.

**DO NOT:** Include the names of minors, social security numbers, or dates of birth.

DO: Use each defendant's name every time you refer to that defendant.

DO: Number your paragraphs. [The first paragraph has been numbered for you.]

1. This statement applies to both gentlemen.  
 I Ms. Audrey Eugene Triplett began with the U.S. Federal Court to review and decide on an existing bankruptcy case. I've been totally mislead and misadvise. I'm a disabled senior citizen. Attached is a list of my disabilities that I would like to be considered in this case. In 2019, after consultation, I retained Attorney Patrick Young to file a bankruptcy on my behalf. My very first question was could some liens be removed. I let it be known I was told by Quicken Loans in 2015 I had 30 thousand dollars in liens on this property. I was told that wasn't going to be an issue. It could be done. From the beginning I let it be known I had a whole lot of debt all the way back from 2001. Most important of all I was only receiving disability benefits. I successfully completed my first class and received a hearing date. Mr Young didn't appear in court with me, he sent an assistant. The only thing he told me was to finish the second class, then I would appear for the discharge. That was it. I finished my second class. In Sept. or Oct 2019 I met with Attorney Young

[DO NOT write in the margins or on the back of any pages. Attach additional pages if necessary.]

## Claims and Facts (continued)

in his office. He told me that the trustee had been by my home and thought it was worth more and wants to send a lady over to appraise my home. Attorney Young stated he, meaning the trustee, wants your home. I was in disbelief. I immediately told Attorney Young just dismissed this case. Attorney Young told me I couldn't get it dismissed. After I

## PRIOR LAWSUITS – Have you ever sued anyone for this exact same event?

☒ No.

☐ Yes, attached is a copy of the final judgment OR an additional sheet listing the court, case number, file date, judgment date, and result of the previous case(s).

## RELIEF – If you win this case, what do you want the court to order the defendant to do?

① I would like to keep my home, and have the ongoing bankruptcy discharged. ② If keeping my home won't allow me to get my bankruptcy, I prefer to have the bankruptcy dismissed. I'll file again when six mos. is up.

## FILING FEE – Are you paying the filing fee?

☐ Yes, I am paying the \$400.00 filing fee. I understand that I am responsible to notify the defendant about this case as required by Federal Rule of Civil Procedure 4. [If you want the clerk to sign and seal a summons, you need to prepare the summons and submit it to the clerk.]

☒ No, I am filing a Motion to Proceed In Forma Pauperis and asking the court to notify the defendant about this case.

[Initial Each Statement]

A.E.T. I will keep a copy of this complaint for my records.

A.E.T. I will promptly notify the court of any change of address.

A.E.T. I declare under penalty of perjury that the statements in this complaint are true.

Ms. Ashley B. Triplett  
Signature

03-10-2020  
Date



USDC IN/ND case 2:20-cv-00097-RPS-APR document 1 filed 03/10/20 page 4 of 9  
left his office. I received consultation with a few bankruptcy attorneys and another trustee.

I began communicating with the Indiana Attorney General Government office. Each bankruptcy attorney informed me that I have the right to have this dismissed and I can refile in six months. I was also told that if I chose a different attorney, the payment I made to Attorney Young would have to be given to the new attorney.

The only thing attorney Young is doing is attempting to make me homeless. He also insinuated I ~~should~~ be alright with losing my home in order to clear my credit. I'm almost 66yrs old and disabled, credit is not a priority for me. If it's a matter of choice, I'll gladly keep my ruined credit, and a roof over my head. Everything that I was told before filing and paying for this bankruptcy has been misleading. If my goal was to be homeless, I would've included the home on the bankruptcy. I admit I have a whole lot of debt, but there's also a lot of interest attached dating back to 2001.

I met with Attorney Young on Feb. 20<sup>th</sup>, 2020 and brought him proof I was having surgery Feb 27, 2020. I did have an outpatient surgical procedure on both hips on 02-27-20. I'm scheduled to have more surgery this year. An attempt

When I met with Attorney Young I let him know that losing my home isn't an option. Attorney Young informed me this was the first time that a client of his was in this type of situation and I needed Divine Intervention. His only advise was the trustee Mr. Gordon E. Gouveia wants to send out an appraiser. Unless I get a court order that's never going to happen. This is exactly why I know this is a "ploy". My home is a three bedroom flat. Nothing extravagant. I'm attaching a copy of my property tax which has an assessment value. My home cost \$117,775 in 1999. I still have several years of payments left. Your Honor I did not sign up to be swindled. My case number is 19-22143-jra

This is the condensed version. I'm more than willing to appear in person, so that nothing will be left out. Lastly this week I submitted 20,000.00 in additional bills. The medical bills over the last eight months. I had all intension of forming a payment plan but I've had to purchase additional therapy and medication because of this stressful situation. I also had complications that required medication. If they can be considered I did submit them. If I can't submit them that's fine, also. These last bills won't cause me to be debt free. I have four more surgeries that are to be done <sup>this year</sup>. I didn't make these bills with the intent of adding them to this existing case. The new medication wasn't in my budget. I'm not attempting to break the law. I've never had a traffic or been to jail. Have a Blessed Day. I will be retaining a new attorney. Mr Young is not on my side.

(A)

## List of Disabilities

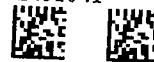
Because I fell 10 feet from a tractor, backwards, landing on concrete/cement I sustained these injuries:

- ① Concussion I have acute vertigo
- ② Neck injury
- ③ Shoulders
- ④ Back injury (I've had a surgical procedure)
- ⑤ Both hips (I had a surgical procedure on 02-27-20)
- ⑥ Both knees (I had a surgical procedure last yr.)
- ⑦ COPD
- ⑧ Hypertension
- ⑨ I also suffer from anxiety and depression. I've received professional counseling for over 20 yrs.
- ⑩ Last year I was diagnosed with blocked arteries in both legs. I need angioplasty.



TRIPLETT, AUDREY E  
DOB: [REDACTED]  
ATT: SHAHBANDAR, TAREK H  
ADM: 2/27/2020 1245  
[REDACTED]

SEX: F  
MRN: 2000732806  
CSN: 32452041



Proof of Surgery

02-27-2020





## AFTER VISIT SUMMARY

Audrey E. Triplett MRN: 2000732806

MASC ☎ 219-757-7241

Instructions

*Pre Admit*



**No changes were made to your medications.**

## Allergies as of 2/25/2020

Penicillins	Reactions
<b>CHEST PAIN AND SOB</b>	<b>Other</b>
Chocolate	Hives, Rash
Citrus itching	Hives
Eggs Or Egg-derived Products	Hives
Iodine	Itching, Rash
Latex	Itching, Rash
Peanut-containing Drug Products	Hives, Rash, Shortness of Breath
Shellfish-derived Products	Rash, Swelling
Strawberry Extract	Itching, Rash
strawberries	

## What's next

You currently have no upcoming appointments scheduled.

## Medication List

### Notice

Cannot display discharge medications because the patient has not yet been admitted.

## Personal Belongings

The following personal items were collected during your admission and were returned to you:

## Additional Info

### Health Information

*"Day of Surgery"*



### **Heart Failure Management Plan**

**Heart Failure** is a problem where the heart is not able to pump enough blood to meet the needs of the body. If you have been told that you have heart failure, it is important to learn as much as you can about it and to follow the advice of your healthcare provider. Using a plan like the one below may help you to manage your heart failure symptoms.

**When you get home:**

- Make a follow up appointment with your Doctor or Nurse

**Every day:**

- Take your medicines.
- Keep a current list of medicines with you all the time
- Weigh yourself each day at the same time.
- Keep a daily log of your weight and symptoms

**Manage Risk Factors:**

- Quit smoking.
- Eat a low salt, heart healthy diet
- Get regular exercise
- Limit fluids if instructed by your doctor
- Manage Stress

**Call your doctor's office for worsening Heart Failure symptoms:**

- Rapid weight gain - 3 or more pounds in a day or 5 pounds in a week
- Swelling to your feet, ankles, legs or stomach – more than usual
- Feeling more tired than usual, or have no energy
- Dizziness or fainting
- Breathing becomes more difficult or start coughing at night

**Call 911 for:**

- Tightness in your chest, arm(s) or jaw
- Confusion

### **STROKE MANAGEMENT PLAN**

**Stroke** is the leading cause of disability in the United States. It happens when blood flow to part of the brain stops or when blood leaks into the brain. Stroke is a brain attack! Methodist Hospitals is an American Heart Association Gold Award recognized Primary Stroke Center. Risk factors for stroke include smoking, high blood pressure, high blood sugar, high cholesterol, not taking your medicine, increased stress and being overweight. If stroke symptoms happen, remember to ACT FAST!

**ACT F.A.S.T**

USE THE FACE, ARM AND SPEECH TEST

**Facial Weakness** - Ask the person to smile. Look for drooping at the mouth or eye

**Arm Weakness** - Ask the person to raise both arms. Look for unilateral drift or weakness

**Speech** - Ask the person to say "The Sky is Blue" noting if the speech is clear and they understand what you are saying

**Test** all 3 symptoms and if ONE fails, CALL 911

Time is BRAIN!!

If you or a loved one is affected by Stroke, remember to make and appointment to follow up with your doctor, take your medications as prescribed in the hospital by your doctor, and remember to always ACT F.A.S.T!

### **Smoking Cessation**